

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MS		2-26-00
O.I.P.E. CLASSIFIER		59	3700
FORMALITY REVIEW		71423	4-10-00
RESPONSE FORMALITY REVIEW	PR	71423	5-26-00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	05/22/00
2	✓	✓	06/12/00
3	✓	✓	06/20/00
4	✓	✓	06/20/00
5	✓	✓	06/20/00
6	✓	✓	06/20/00
7	✓	✓	06/20/00
8	✓	✓	06/20/00
9	✓	✓	06/20/00
10	✓	✓	06/20/00
11	✓	✓	06/20/00
12	✓	✓	06/20/00
13	✓	✓	06/20/00
14	✓	✓	06/20/00
15	✓	✓	06/20/00
16	✓	✓	06/20/00
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46	✓	✓	06/20/00
47	✓	✓	06/20/00
48	✓	✓	06/20/00
49	✓	✓	06/20/00
50	✓	✓	06/20/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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